

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5802</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>L</u> <u>Hopkins</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6609 Sandy Lick Drive</u> City <u>Bastrop</u> State <u>Louisiana</u> ZIP Code + 4 <u>71220</u>	4. Name, file number, and address of labor organization. Name <u>Electrical Workers Local Union 446</u> Labor Organization File Number <u>032-341</u> P.O. Box, Building and Room Number, if any _____ Street <u>1601 Southern Ave.</u> City <u>Monroe</u> State <u>Louisiana</u> ZIP Code + 4 <u>71202</u>
5. Position in labor organization. <u>Business Manager/Financial Secretar</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John Hopkins

On

8/10/2005

Date

318-323-3350

Telephone Number

Name of Person Filing John Hopkins	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Robein, Urann, & Lurye</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 400</u></p> <p>Street <u>2540 Severn Avenue</u></p> <p>City <u>Metairie</u></p> <p>State <u>Louisiana</u> ZIP Code + 4 <u>70002</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Local Union Attorney</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$253</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Christmas Basket</u> <u>12-9-2004, \$36.95</u></p> <p>12.b. Amount. <u>\$37</u></p>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name AR. Chapter NECA-IBEW Retirement Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 103</p> <p>Street 1500 Riverfront Drive</p> <p>City Little Rock</p> <p>State Arkansas ZIP Code + 4 72202</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Retirement Plan for members LU 446</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Lunch received in conjunction with Trustee Meeting</p> <p>1-27-04, Approximately \$25.00</p> <p>4-27-04, Approximately \$25.00</p> <p>5-26-04, Approximately \$25.00</p> <p>10-26-04 Approximately \$25.00</p> <p>12.b. Amount. \$100</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Southern Benefit Adminastration, INC.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2001 Caldwell Drive</p> <p>City Goodlettsville</p> <p>State Tennessee ZIP Code + 4 37070</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Southern Electrical Health Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3928 Volunteer Drive</p> <p>City Chattanooga</p> <p>State Tennessee ZIP Code + 4 37416</p>	<p>11.a. Nature of such dealing.</p> <p>Health & Welfare Administrator</p> <p>11.b. Approximate dollar value of such dealing. \$700,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner in conjunction with Trustee Meeting</p> <p>1-9-04 Aproximately \$55.00</p> <p>4-29-04 Approximately \$55.00</p> <p>12-8-04 Approximately \$55.00</p> <p>12.b. Amount. \$165</p>

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Lathorp Investment Management Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 225

Street 10 Cooperate Drive

City Little Rock

State Arkansas ZIP Code + 4 72205

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name AR. Chapter NECA-IBEW Retirement Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 103

Street 1500 Riverfront Drive

City Little Rock

State Arkansas ZIP Code + 4 72202

11.a. Nature of such dealing.

Money manager for Retirement Plan

11.b. Approximate dollar value of such dealing.

\$86,000

12.a. Nature of interest held or income received.

Dinner received in conjunction wit Trustee Meeting
4-27-04 Approximately \$55.00

12.b. Amount.

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Monroe Joint Electrical Apprenticeship</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>901 Hudson Lane</u></p> <p>City <u>Monroe</u></p> <p>State <u>Louisiana</u> ZIP Code + 4 <u>71201</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Apprenticeship Training Trust Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Apprentice Banquet Dinner</u></p> <p><u>5-24-04 Approximately \$35.00</u></p> <p>12.b. Amount. <u></u></p>